



2012 MAR -1 PM 4:38

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Torlakson Tom Allen

1. Office, Agency, or Court

Agency Name

California Department of Education State Superintendent of Public Instruction

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3/1/12
(month, day, year)

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Tom Torlakson

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

3420 Tabora Drive

CITY

Antioch, CA 94509

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

Citi Mortgage

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

Mortgage Loan Company

INTEREST RATE

5.65 %

☐ None

TERM (Months/Years)

30 years

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

%

☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Tom Torlakson
--

► NAME OF SOURCE
Chet Pipkin

ADDRESS (Business Address Acceptable)
12045 East Waterfront Dr. Playa Vista, CA 90094

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 8 / 11	\$ 29.99	Energy use monitor
1 / 8 / 11	\$ 39.95	Book
6 / 14 / 11	\$ 114.48	Dinner for self & 1 staff

► NAME OF SOURCE
California Healthcare Institute

ADDRESS (Business Address Acceptable)
888 Prospect St. #220 La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c) 6

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 118.11	reception & dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Lorrie Sullenberger

ADDRESS (Business Address Acceptable)
660 Market St. 5floor, San Francisco CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
friend/works for a PR Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 2 / 11	\$ 125.00	Fruit basket
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Tribal Business Alliance

ADDRESS (Business Address Acceptable)
1530 J St. #410, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tribal gaming business organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 11 / 11	\$ 75.04	2 tix for reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE
BayBio

ADDRESS (Business Address Acceptable)
400 Oyster Point Blvd. #221 S. San Francisco 94080

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Bio Medical advocacy group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 118.11	reception & dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st St, #200, Sacramento CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 117.09	Assembly dinner
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Tom Torlakson
--

NAME OF SOURCE Instituto Laboral de la Raza ADDRESS (Business Address Acceptable) 2947 16th St, San Francisco, CA 94103 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c) 3		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 18 / 11	\$ 70.00	1 tix for wife
/ /	\$	
/ /	\$	

NAME OF SOURCE Acusplit ADDRESS (Business Address Acceptable) 3090 Independence Dr. #450, Livermore 94551 BUSINESS ACTIVITY, IF ANY, OF SOURCE stopwatch company		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 11 / 11	\$ 30.00	3 tix to reception
3 / 11 / 11	\$ 225.00	3 tix to dinner
/ /	\$	

NAME OF SOURCE Sacramento Central Labor Council ADDRESS (Business Address Acceptable) 2840 El Centro Rd. #111 Sacramento CA 95833 BUSINESS ACTIVITY, IF ANY, OF SOURCE County Labor Organization		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 21 / 11	\$ 50.00	1 tix, reception & dinner
/ /	\$	
/ /	\$	

NAME OF SOURCE Richmond Builds ADDRESS (Business Address Acceptable) 450 Civic Center Plaza, Richmond CA 94804 BUSINESS ACTIVITY, IF ANY, OF SOURCE Labor training Program		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 4 / 11	\$ 50.00	jacket
/ /	\$	
/ /	\$	

NAME OF SOURCE Computer-Using Educators ADDRESS (Business Address Acceptable) 877 Ygnacio Valley Rd #104 Walnut Creek CA 94596 BUSINESS ACTIVITY, IF ANY, OF SOURCE Education Advocacy Organization		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 19 / 11	\$ 57.66	lunch, him & wife
7 / 26 / 11	\$ 108.08	dinner, self & 1 staff
/ /	\$	

NAME OF SOURCE Soledad Enrichment Action, Inc. ADDRESS (Business Address Acceptable) 222 North Virgil Ave, Los Angeles CA 90004 BUSINESS ACTIVITY, IF ANY, OF SOURCE Education services providers		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 14 / 11	\$ 300.00	2 tix, self & 1 staff
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Tom Torlakson
--

► NAME OF SOURCE
Lucas Public Affairs

ADDRESS (Business Address Acceptable)
1215 K St. #1120, Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PR Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 16 / 11	\$ 250.00	1 tix to EQCA event
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Monterey Bay Aquarium Foundation

ADDRESS (Business Address Acceptable)
886 Cannery Row, Monterey, CA 93940

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Aquarium Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 18 / 11	\$ 59.90	2 admission tix
6 / 18 / 11	\$ 24.00	2 tour tix
/ /	\$	
/ /	\$	

► NAME OF SOURCE
California Masonic Foundation

ADDRESS (Business Address Acceptable)
1111 California St. San Francisco, CA 94108

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community outreach foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 27 / 11	\$ 205.72	dinner, self, wife 2 staff
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Loyola Marymount University

ADDRESS (Business Address Acceptable)
University Hall, #2100, 1 LMU Dr, L.A. CA 90045

BUSINESS ACTIVITY, IF ANY, OF SOURCE
University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 22 / 11	\$ 58.59	meal, self, wife & 1 staff
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Silicon Valley Education Foundation

ADDRESS (Business Address Acceptable)
1400 Parkmoor Ave #200 San Jose, CA 95126

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Advocacy foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 15 / 11	\$ 50.00	1 dinner tix
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Aitken, Aitken & Cohen

ADDRESS (Business Address Acceptable)
3 MacArthur Pl. #800, Santa Ana, CA 92797

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 12 / 11	\$ 350.00	2 tix, dinner event
/ /	\$	
/ /	\$	

Comments: The event that Aitken, Aitken & Cohen provided tickets to was the California Consumer Attorneys annual awards dinner.

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Tom Torlakson</u>

► NAME OF SOURCE
Chuck McMinn

ADDRESS (Business Address Acceptable)
2929 Highway 29 N. St Helena, CA 94574

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 16 / 11</u>	\$ <u>124.22</u>	<u>dinner, self & wife</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
Riverside County Office of Education

ADDRESS (Business Address Acceptable)
3939 13th St. Riverside, CA 92501

BUSINESS ACTIVITY, IF ANY, OF SOURCE
County office of education

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1 / 27 / 11</u>	\$ <u>50.00</u>	<u>spoke at dinner</u>
<u>2 / 23 / 11</u>	\$ <u>30.00</u>	<u>spoke at lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE
California Latino School Boards Association

ADDRESS (Business Address Acceptable)
P.O. Box 7624, Moreno Valley, CA 92553

BUSINESS ACTIVITY, IF ANY, OF SOURCE
School board member group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 2 / 11</u>	\$ <u>104.00</u>	<u>breakfast, self & wife</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Tom Torlakson

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
Association of California School Administrators
ADDRESS (Business Address Acceptable)
1029 J Street #500
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
School administrators group
DATE(S): 1 / 27 / 11 - 1 / 27 / 11 AMT: \$ 105.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Spoke at reception and lunch

► NAME OF SOURCE
Alameda County Office of Education
ADDRESS (Business Address Acceptable)
313 West Winton Ave
CITY AND STATE
Hayward, CA 94544
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
County Office of Education
DATE(S): 3 / 3 / 11 - 3 / 3 / 11 AMT: \$ 80.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Meal during which Torlakson spoke to education
officials of Alameda County.

► NAME OF SOURCE
Pearson Education Inc.
ADDRESS (Business Address Acceptable)
1 Lake Street
CITY AND STATE
Upper Saddle River, New Jersey 07458
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): 2 / 3 / 11 - 2 / 5 / 11 AMT: \$ 1,074.78
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
hotel & meals to speak at conference for State
Superintendents.

► NAME OF SOURCE
Computing-Using Educators
ADDRESS (Business Address Acceptable)
877 Ygnacio Valley Road, #104
CITY AND STATE
Walnut Creek, CA 94596
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Education Advocacy Organization
DATE(S): 3 / 18 / 11 - 3 / 19 / 11 AMT: \$ 230.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel paid for the Superintendent to speak at the
Computing-Using Educators conference.

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name

Tom Torlakson

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
Santa Barbara County Office of Education

ADDRESS (Business Address Acceptable)
4400 Cathedral Oaks Road

CITY AND STATE
Santa Barbara, CA, 93160

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
County office of education

DATE(S): 5 / 4 / 11 - 5 / 4 / 11 AMT: \$ 130.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Spoke at a breakfast, lunch & reception with Santa Barbara educators.

► NAME OF SOURCE
Santa Clara County Democratic Central Committee

ADDRESS (Business Address Acceptable)
2102 Almaden Road, Suite 114

CITY AND STATE
San Jose, CA 95125

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
County political party

DATE(S): 5 / 13 / 11 - 5 / 13 / 11 AMT: \$ 125.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Keynote speaker at Jefferson Jackson dinner.

► NAME OF SOURCE
Maureen Kindel

ADDRESS (Business Address Acceptable)
550 S. Hope St, Suite 530,

CITY AND STATE
Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Education policy advocate

DATE(S): 7 / 13 / 11 - 7 / 13 / 11 AMT: \$ 159.84
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Spoke at a dinner honoring Maureen Kindel.

► NAME OF SOURCE
Kindel Gagan Inc.

ADDRESS (Business Address Acceptable)
550 S. Hope Street, suite 530

CITY AND STATE
Los Angeles, CA 90071

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Public affairs group

DATE(S): 7 / 13 / 11 - 7 / 13 / 11 AMT: \$ 134.52
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Spoke at the reception honoring Maureen Kindel.

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Tom Torlakson

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE
Asian Pacific, American Public Affairs Association
ADDRESS (Business Address Acceptable)
4000 Truxel Road, Suite 3
CITY AND STATE
Sacramento, CA 95834
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
DATE(S): 8 / 20 / 11 - 8 / 21 / 11 AMT: \$ 316.39
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel expenses paid for Superintendent & 1 staffer
for the Superintendent to speak at awards ceremony

▶ NAME OF SOURCE
Santa Clara County Superintendents Association
ADDRESS (Business Address Acceptable)
1290 Ridder Park Drive.
CITY AND STATE
San Jose, CA 95131
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
County Superintendents group
DATE(S): 9 / 29 / 11 - 9 / 30 / 11 AMT: \$ 440.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Travel expenses related to the Superintendent
speaking at Superintendents retreat.

▶ NAME OF SOURCE
SMWIA Local 104
ADDRESS (Business Address Acceptable)
2610 Crow Canyon Road
CITY AND STATE
San Ramon, CA 94583
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Local labor organization
DATE(S): 8 / 29 / 11 - 8 / 29 / 11 AMT: \$ 125.00
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
Keynote speaker at scholarship awards dinner. 1
staffer & wife also attended.

▶ NAME OF SOURCE
CA Federation of Teachers, AFT, AFL-CIO
ADDRESS (Business Address Acceptable)
1201 Marina Village Parkway, Suite 115
CITY AND STATE
Alameda, CA 94501
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
State Labor Group
DATE(S): 10 / 15 / 11 - 10 / 15 / 11 AMT: \$ 108.39
(If gift)
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description
3 tickets for a lunch where the Superintendent was a
speaker.

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Tom Torlakson

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE
The Latino Legislative Caucus Foundation, Education
ADDRESS (Business Address Acceptable)
400 Capitol Mall, 22nd floor
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Legislative foundation

DATE(S): 10 / 23 / 11 - 10 / 24 / 11 AMT: \$ 208.77
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

travel costs relating to the Superintendent speaking at a breakfast.

► NAME OF SOURCE
National Latino Peace Officer Association, Sac Metro
ADDRESS (Business Address Acceptable)
1017 L Street, Suite 156
CITY AND STATE
Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Local union group

DATE(S): 11 / 4 / 11 - 11 / 4 / 11 AMT: \$ 90.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Keynote speaker at scholarship lunch. 1 staffer also attended.

► NAME OF SOURCE
Partnership for Children & Youth
ADDRESS (Business Address Acceptable)
1611 Telegraph Ave, Suite 404
CITY AND STATE
Oakland, CA 94612
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☒ 501 (c)(3)
Education non-profit

DATE(S): 10 / 24 / 11 - 10 / 28 / 11 AMT: \$ 3,863.20
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Traveled to New York to participate in several workshops and speak at an education practicum.

► NAME OF SOURCE
Scripps Institution of Oceanography
ADDRESS (Business Address Acceptable)
9500 Gilman Drive
CITY AND STATE
La Jolla, CA 92037
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): 1 / 20 / 11 - 1 / 21 / 11 AMT: \$ 368.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

travel costs related to speaking at a reception and luncheon. Attended & spoke at several Scripps events

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Tom Torlakson</u>

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE <u>California Educational Research Assn.</u>	
ADDRESS (Business Address Acceptable) <u>P.O. Box 688</u>	
CITY AND STATE <u>Norco, CA 92860</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Education research group</u>	<input type="checkbox"/> 501 (c)(3)
DATE(S): <u>12 / 2 / 11</u> - <u>12 / 2 / 11</u> AMT: \$ <u>106.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>cost of the Superintendent & his wife attending awards banquet where the Superintendent was a speaker.</u>	

▶ NAME OF SOURCE <u>Asian Pacific Islander School Board Member Assn.</u>	
ADDRESS (Business Address Acceptable) <u>2898 Glen Heather Dr.</u>	
CITY AND STATE <u>San Jose, CA 95133</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Education policy advocates</u>	<input checked="" type="checkbox"/> 501 (c)(3)
DATE(S): <u>12 / 2 / 11</u> - <u>12 / 2 / 11</u> AMT: \$ <u>84.00</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>breakfast for the Superintendent & his wife attending event. Superintendent was a speaker.</u>	

▶ NAME OF SOURCE <u>Council of Chief State School Officers</u>	
ADDRESS (Business Address Acceptable) <u>1 Massachusetts Ave., NW Suite 700</u>	
CITY AND STATE <u>Washington D.C. 20001-1431</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Education research & advocacy group</u>	<input checked="" type="checkbox"/> 501 (c)(3)
DATE(S): <u>2 / 5 / 11</u> - <u>2 / 5 / 11</u> AMT: \$ <u>470.81</u> (If gift)	
TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income	
<input checked="" type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description <u>Travel arrangements for state schools chief dinner.</u>	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If gift)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
<input type="checkbox"/> Made a Speech/Participated in a Panel	
<input type="checkbox"/> Other - Provide Description	

Comments: _____